State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) 11/18/88 SHIPPER #18722 Sacramento, Californi Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. **UNIFORM HAZARDOUS** Manifest 2. Page 1 Information in the shaded areas of. WASTE MANIFEST is not required by Federal law. CAID 19811 387 988 3. Generator's Name and Mailing Address A. State Manifest Document Nurs Der 8711942 COLUMBIA SHOW CASE & CABINET CO., IN-11034 SHERMAN WAY, SUN VALLEY, CA 91352 B State Generator's ID 4. Generator's Phone (818) 765-9710 C. State Transporter's ID GOUS Transporter 1 Company Name US EPA ID Number OMEGA RECOVERY SERVICES 042,245, 901 D. Transporter's Phone 213/698-0991 1-800-852-7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID CALL OMEGA RECOVERY SERVICES CAD101412121415T991 12504 E. WHITTIER BLVD. H. Facility's Phone 213/698-0991 CALIFORNIA 90602 WHITTIER, CA CAP 042, 245, 901 12. Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Unit Waste No. Wt/Vol No. Type State 212 WASTE PAINT RELATED MATERIAL NA 1263 G WITHIN EPA/Other FLAMMABLE LIQUID (F002) NE State b. 1-800-424-8802: R Α EPA/Other 0 State R EPA/Other CENTER State d. EPA/Other RESPONSE K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Abovo b. d. C. NATIONAL 15. Special Handling Instructions and Additional Information 北田 A) WASH THINNER CALL CENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name any are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable SPILL international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good OR faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. EMERGENCY Month Day Year Printed/Typed Name Signature 1200 Transporter Acknowledgement of Receipt of Materials Signature Month Day Year Z Printed/Typed Name CIRINGEON SOKERT OF

19. Discrepuncy Indication Space

18. Transporter 2 Acknowledgement of Receipt of Materials

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Printed/Typed Name
Signature
Signature

INSTRUCTIONS ON THE BACK

Month Day

Month Day

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